Araştırma Makalesi / *Research Article*

İzmir Eğitim ve Araştırma Hastanesi Tıp Dergisi (Medical Journal of İzmir Hospital) 24 (3): 207-212, 2020

PALYATİF BAKIM HASTALARININ DEĞERLENDİRİLMESİ: TEK MERKEZ DENEYİMİ

EVALUATION OF PALLIATIVE CARE PATIENTS: SINGLE CENTER EXPERIENCE

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Anahtar Sözcükler: Palyatif bakım, Multidisipliner yaklaşım
Keywords: Palliative care, Multidisciplinary approach

Yazının alınma tarihi: 17.03.2020 Kabul tarihi:29.06.2020 Online basım: 21.10.2020

ÖZ

Giriş: *Dünyada ve ülkemizde yaşlı nüfusun ve kronik hastalık sıklığının artması nedeniyle palyatif bakım birimlerine olan gereksinim artmıştır. Palyatif bakım merkezine hastalar birçok farklı nedenle başvurmaktadır. Bu araştırmada, 2016-2019 yılları arasında bir palyatif bakım merkezinde takip edilen hastaların demografik verilerinin incelenmesi amaçlanmıştır.*

Gereç ve Yöntem: *Sunulan araştırma retrospektif olarak planlandı ve 2016 ile 2019 yılları arasında ilgili merkezde takip edilen hastaların demografik verileri incelendi.*

Bulgular: *Merkezimizde bu üç yıllık dönemde toplam 210 hastanın (85 kadın; 125 erkek) takip ve tedavisinin yapıldığı görüldü. Hastaların median yatış süresi 16 (min:0 – max:151) gün olarak saptandı. Hastaların hastaneye yatışına neden olan sorunların başında yaklaşık olarak %50 ile oral beslenme azlığı gelmekteydi. Ayrıca genel durum bozukluğu ve ağrı palyasyonu hastaların hastaneye yatışına neden olan diğer en sık sorunlar arasında yeralmaktaydı. Hastaların en sık primer hastalıkları arasında ise solid organ kanserlerinin %43.8'lik bir oranla ilk sırada olduğu görüldü. Solid organ kanserleri arasından ise en sık kolon ve akçiğer kanserleri vardı. Serebrovasküler hastalık ve Alzheimer hastalığı solid organ kanserleri dışında kliniğimizde takip ettiğimiz hastaların primer hastalıkları arasında en sık görülen diğer nedenlerdi.*

Sonuç: *Hastalar merkezimizde farklı tanılarla ve tedavi ihtiyaçları nedeniyle takip edilmiştir bu nedenle palyatif bakım multidisipliner bir yaklaşım gerektirmektedir.*

SUMMARY

Introduction: *The need for palliative care units has increased due to the increase in the prevalence of the elderly population and chronic diseases in the world and in our country as well. Patients apply to the palliative care center for many different reasons. In this study, it was aimed to investigate the demographic data of the patients who were under control in the palliative care center between 2016 and 2019.*

Materials and Methods: *This study was planned retrospectively and the demographic data of the patients who were followed up in the center between 2016 and 2019 were examined.*

Results: *During this three-year period, 210 patients (85 females, 125 males) were considered in the center. The median length of hospitalization was 16 (min:0 – max:151) days. The leading cause of hospitalization was decrease in oral feeding with approximately 50%. In addition, worsening in general health and pain palliation were*

among the most common problems leading to hospitalization. Among the most common primary diseases of the patients; solid organ cancers were in the first place with a rate of 43.8%. Among the solid organ cancers; colon and lung cancers were the most common two cancer types. Apart from solid organ cancers, cerebrovascular disease and Alzheimer's disease were also the most main causes of primary diseases of the patients.

Conclusion: *Patients were controlled and observed in the center for different diagnoses and treatment needs; so palliative care requires a multidisciplinary approach.*

INTRODUCTION

Palliative care is a multidisciplinary method of treatment for life-threatening patients to prevent or relieve symptoms and to provide the best quality of life for them. It is not only method of treatment in the last period of life, it is also a form of treatment that should be integrated with therapeutic care regardless of the stage of the disease (1-5). Accumulating data suggest that palliative care is combined with life-extending therapies in the early stages of the disease.

Recently, different definitions are made for palliative care. According to the definition of World Health Organization, palliative care; early diagnosis, evaluation and treatment of pain and other physical and psychological problems that may occur in people with serious illness**,** and an approach aimed at improving the quality of life in people with life-threatening diseases and their families. It is also known as “supportive care”. Palliative care focuses primarily on anticipating, preventing, diagnosing, and treating symptoms (5-9).

Palliative care focuses primarily on anticipating, preventing, diagnosing, and treating symptoms. The goal of palliative care is to improve quality of life for both the patient and the family, regardless of diagnosis. Although palliative care, unlike hospice care, does not depend on prognosis, in the elder ages when the end of life approaches, the role of palliative care intensifies and focuses on aggressive symptom management and psychosocial support. It helps both patients and their families understand the nature of the disease and prognosis. Additionally, palliative care specialists help patients and their families determine the appropriate medical care and align the patient's care goals (1,5,6,9).

In this study, it was aimed to investigate the patients who were hospitalized in a palliative care center between 2016-2019.

MATERIALS AND METHODS

Ethics statement

Mentioned study was approved by the local ethics committee of Bozyaka Training and Research Hospital (No:127 / 11.03.2020). The study complies with Declaration of Helsinki Principles (revised in 2008).

Subjects and study design

The trial was planned as a retrospective study and was performed between January 2016 to January 2019 in the Department of Palliative Care, Bozyaka Training and Research Hospital, Izmir, Turkey. The study was conducted in April, 2020. The demographic data, primary diseases, hospitalization causes and duration of the patients were retrospectively analyzed.

Statistical analysis

All analyses were performed using the Statistical Package for the Social Sciences software version 18.0 (SPSS Inc. Chicago, IL, USA). The categorical variables were presented as frequency and percentage. Continuous variables were shown as median (minimum – maximum). A *P* value <0.05 was considered statistically significant. The results of cancer patients and non-cancer patients were compared using chi-square test.

RESULTS

The demographic features of recruited patients are given in Table 1. The 3-years patient data were examined in the current study. A total of 210 inpatients (85 females, 125 males) were followed up and treated in the center. The median follow-up period was 16 (min:0 – max:151) days. The median age of the patients was 74 (min:18 – max:98) years. In terms of state of awareness, 69.5% of the patients were normal, 22.9% were confident, and 7.6% were comatose. As followed; 28.6% of the patients were fed by oral route, 18.1% were fed with nasogastric tubes, 21.9% with percutaneous endoscopic gastrostomy and 31.4% with total parenteral nutrition. Oral feeding, the leading cause of hospitalization, was decreased by approximately 50%. In addition, worsening in general health and pain palliation were among the most common problems causing to hospitalization. Primary diagnosis of recruited patients was shown in Table 2. Among the most common primary diseases of the patients; solid organ cancers were in the first place with a rate of 43.8%. Among the solid organ cancers; colon and lung cancers were the most frequently observed cancers. Apart from solid organ cancers, cerebrovascular disease and Alzheimer's disease were the most common causes of primary diseases of the patients followed in the mentioned clinic. The outcomes of the patients that were followed during this period were approximately 45% discharged, 5% transferred to other clinics, and approximately 50% died. In addition; cancer patients and non-cancer patients were compared according to their outcomes and the mortality rate was significantly higher in patients with cancer than those without cancer ($P < 0.001$) (Table 3).

Table 1. The demographic characteristics of the subjects.

Variables	n=210
Age, years	74 (18 – 98)
Female / male, n (%)	85 (40.5) / 125 (59.5)
Duration of hospitalization, days	16 (0 – 151)
State of awareness	
Normal, n (%)	146 (69.5)
Confused, n (%)	48 (22.9)
Comatose, n (%)	16 (7.6)
Nutritional status	
Oral, n (%)	60 (28.6)
Nasogastric tube, n (%)	38 (18.1)
Percutaneous endoscopic gastrostomy, n (%)	46 (21.9)
Total parenteral nutrition, n (%)	66 (31.4)
Hospitalization reason	
Worsened general health, n (%)	51 (24.3)
Decreased oral feeding, n (%)	99 (47.1)
Pain palliation, n (%)	24 (11.4)
Decubitus, n (%)	14 (6.7)
Dyspnea, n (%)	2 (1)
Decreased oral feeding and decubitus, n (%)	17 (8.1)
Percutaneous endoscopic gastrostomy problems, n (%)	3(1.4)
Outcome	
Discharged, n (%)	93(44.3)
Transferred, n (%)	11 (5.2)
Dead, n (%)	106 (50.5)

Table 2. Primary diagnosis of recruited patients.

Variables	n=210
Cerebrovascular disease, n (%)	30 (14.2)
Alzheimer disease, n (%)	38 (18.1)
Pneumonia, n (%)	7 (3.3)
Decubitus, n (%)	13 (6.2)
Traffic accident, n (%)	5 (2.3)
Solid organ cancers, n (%)	91 (43.3)
Gastric cancer, n (%)	6 (2.8)
Lung cancer, n (%)	14 (6.6)
Prostate cancer, n (%)	8 (3.8)
Colon cancer, n (%)	18 (8.5)
Pancreas cancer, n (%)	5 (2.3)
Breast cancer, n (%)	8 (3.8)
Larynx cancer, n (%)	6 (2.8)
Renal cancer, n (%)	1 (0.4)
Gynecological cancer, n (%)	9 (4.2)
Liver cancer, n (%)	1 (0.4)
Skin cancer, n (%)	2 (0.9)
Brain cancer, n (%)	8 (3.8)
Bladder cancer, n (%)	5 (2.3)
Chronic renal failure, n (%)	5 (2.3)
Congestive heart failure, n (%)	3 (1.4)
Diabetes mellitus, n (%)	5 (2.3)
Musculoskeletal disorders, n (%)	6 (2.8)
Sepsis, n (%)	4 (1.9)
Other, n (%)	3 (1.4)

Table 3. Comparison of outcome between subjects with and without cancer.

	Subjects with cancer (n=91)	Subjects without cancer (n=119)	P
Discharged, n (%)	28 (31.1)	57 (55.9)	<0.001
Transferred, n (%)	2 (2.2)	8 (7.8)	
Dead, n (%)	60 (66.7)	37 (36.3)	

DISCUSSION

Especially in the last decade; the increase in the elderly population, the frequency of chronic diseases, and the need for palliation for neurological, geriatric and oncologic patients increased; the need for palliative care units increased (1,10-12). For this reason; many palliative care centers have been opened in Turkey, as it is in all over the word in recent years. Patients visit these centers with many different diagnosis and treatment needs (13).

It was noted that study population was elderly and they had diverse array of life-limiting diseases and concomitant crucial problems. The median age of the followed patients was 74 (min:18 – max:98) years. Alzheimer's disease, cerebrovascular disease and solid organ cancer were the most common primary diseases of the

patients. During this period, approximately 45% of the patients were discharged, 5% were transferred to other clinics, and 50% died. In the study, the mortality rate was found to be statistically and significantly higher in patients with cancer than in patients without cancer.

The purpose of palliative care is to alleviate the pain of patients and their families. Most of the patients followed in palliative care centers are patients having cancer and neurological diseases (1,5,6,9). In a study it was reported that 33% of hospitalized patients in palliative unit had cancer (14). In the study, the primary diseases of the patients we followed were the most common neurological diseases and solid organ tumors. In addition, although the most common causes of hospitalization were worsened general health, decreased oral feeding and pain palliation, it was seen that other causes of many different branches were involved. For this reason, palliative care requires a multidiscipline approach.

In the current study, a number of 43.3% of hospitalized patients had oncological diseases. In addition, majority of patients were elderly patients having treatments of nutrition, infection, wound healing and their chronical disorders.

The life quality of dying patients can be improved by the methods such as correcting anxiety, depression and other psychiatric symptoms, preventing the patient from loneliness and isolation, helping the patient cope with pain and other physiological complaints, ensuring effective participation of the patient in the treatment and strengthening the patient's hopes for life (1-3,7,8).

Approximately 50% of the patients followed in the center between 2016 and 2019 were died. In the study, the mortality rate was found to be statistically and significantly higher in patients with cancer than in patients without cancer. It can be suggested that this situation is related to the terminal period of cancer patients were followed in the center. Mortality rate in palliative care centers varies between 35 and 65% (6,10,11). Primary diseases play a role in this mortality rate. It has been reported that the mortality rate is higher in centers where mostly terminal cancer patients are followed.

Pain is one of the most prevalent symptoms near the end of life. Unrelieved pain can be a source of great distress for patients and families and exacerbate other symptoms. Pain palliation was an important cause of hospitalization in this kind of centers. 11.4% of the patients were followed in the mentioned center for pain palliation. The appropriate nutrition is one of the important indicators for improving quality of life in such patients. Protein, calorie, vitamin and mineral deficiency results in delayed healing of surgical wound and pressure ulcer, immune deficiency, weakness, bone desorption and muscle atrophy (1,2,7-9). In the study, it was found that decreased oral feeding was the most common cause of hospitalization**.** In addition, 6.7% of the patients were followed for their pressure ulcers in the current study. Pressure ulcers are life threatening and they deteriorate the quality of life. Therefore, treatment of pressure ulcers with proper method is considerable (13).

In conclusion, since the patients in these clinics, were followed because of different diagnostic and treatment requirements; palliative care requires a multidiscipline approach. The multiple approach must be provided by a team of physicians, nurses and other health professionals who work together with the primary care physicians.

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